

Philip H. Hauger
5821 Amy Drive
Oakland, CA 94618-2615
July 26, 2010

The chambers of
Honorable James M. Peck
One Bowling Green
New York, New York, 10004
Courtroom 601

Dear Sir:

I write this letter in response to a letter I received at my home from U. S. Bankruptcy Court Southern District of New York. This letter was dated June 24, 2010. The response deadline was July 20, 2010.

Although I write in response after the set deadline, there are circumstances which I could not avoid: I was on vacation in Europe, with my mail held by the U. S. Postal Service, from June 22 through July 22, 2010. Thus I was unaware of the letter from the Court and unable to respond in a timely fashion, as I was still in Europe on the deadline date.

The following information is to be included in my response:

1 Bankruptcy Court, Name of Debtors, Case number and title of the Objection to which the response is directed:

United States Bankruptcy Court for the Southern District of New York
Lehman Brothers Holdings, Inc.
Chapter 11 Case No. 08-13555 (JMP)
"Claim to be Disallowed and Expunged" - claim # 8375 (copy enclosed)

2 Name of Claimant and Description of the Basis for the Amount of the Claim:

Philip H. Hauger
I bought Lehman Capital Trust IV on 09-12-07: Principal \$29,813.
Through my Morgan Stanley Active Assets Account # 104-20312-108

3 Concise Statement setting forth reason why claim should not be expunged:

I am not aware that claim # 8375 represents a duplicate claim.
I have no relationship to claim # 22122; this is an error.

4 Documentation: see enclosed Transaction Record.

5 Address to respond to the Claim:

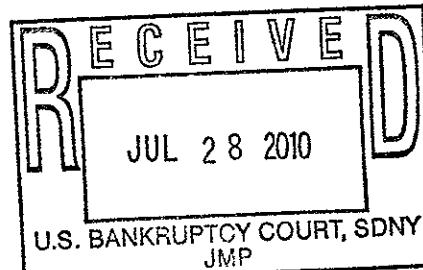
Philip H. Hauger
5821 Amy Drive
Oakland, CA 4618-2615

6 Name, address and telephone number of ultimate authority to reconcile:

Philip H. Hauger
5821 Amy Drive
Oakland CA 94618-2615
510 339-1254

Thank you for considering this appeal,

Philip H. Hauger
Philip H. Hauger



UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re : Chapter 11 Case No.
LEHMAN BROTHERS HOLDINGS INC., et al. : 08-13555 (JMP)
Debtors. : (Jointly Administered)

MAIL ID *** 0028966160 *** LBH OB27 06-17-2010 (MERGE2,TXNUM2) 4000055304

HAUGER, PHILIP H.
42 MARS STREET
SAN FRANCISCO, CA 94114

**THIS IS A CORRECTED NOTICE REGARDING YOUR CLAIM(S). YOU MUST
READ IT AND TAKE ACTION IF YOU DISAGREE WITH THE OBJECTION.**

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE OBJECTION,
PLEASE CONTACT DEBTORS' COUNSEL, SARAH DECKER, ESQ., AT 214-746-7700.**

**NOTICE OF HEARING ON DEBTORS' TWENTY- SEVENTH OMNIBUS
OBJECTION TO CLAIMS (DUPLICATIVE OF INDENTURE TRUSTEE CLAIMS)**

Creditor Name and Address	Basis For Objection:	Duplicative of Indenture Trustee Claim	Claim Number	Date Filed	Debtor	Claim Amount
TO: HAUGER, PHILIP H. 42 MARS STREET SAN FRANCISCO, CA 94114	Claim to be Disallowed and Expunged	8375	08/17/2009	08-13555		\$29,812.50
	Surviving Claim	22122	09/21/2009	08-13555		\$311,742,937.05

PLEASE TAKE NOTICE that, on June 17, 2010, Lehman Brothers Holdings Inc. and certain of its affiliates (collectively, the "Debtors") filed their Twenty- Seventh Omnibus Objection to Claims (Duplicative of Indenture Trustee Claims) (the "Objection") with the United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court").¹

The Objection requests that the Bankruptcy Court expunge, reduce, reclassify, and/or disallow your claim(s) listed above under CLAIM(S) TO BE DISALLOWED & EXPUNGED on the ground that it is duplicative of the corresponding global claim listed above under SURVIVING CLAIM(S) filed by the Bank of New York Mellon on behalf of itself and the holders of certain notes issued pursuant to an indenture. Any claim that the Bankruptcy Court expunges and disallows will be treated as if it had not been filed and you will not be entitled to any distribution on account thereof.

If you do NOT oppose the disallowance, expungement, reduction or reclassification of your claim(s) listed above under CLAIM(S) TO BE DISALLOWED & EXPUNGED, then you do NOT need to file a written response to the Objection and you do NOT need to appear at the hearing.

If you DO oppose the disallowance, expungement, reduction or reclassification of your claim(s) listed above under CLAIM(S) TO BE DISALLOWED & EXPUNGED, then you MUST file with the Court and serve on the parties listed below a written response to the Objection that is received on or before 4:00 p.m. Prevailing Eastern Time on July 20, 2010 (the "Response Deadline").

¹ A list of the Debtors, along with the last four digits of each Debtor's federal tax identification number, is available on the Debtors' website at <http://www.lehman-docket.com>.

United States Bankruptcy Court/Southern District of New York
 Lehman Brothers Holdings Claims Processing Center
 c/o Epiq Bankruptcy Solutions, LLC
 FDR Station, P.O. Box 5076
 New York, NY 10150-5076

PROOF OF CLAIM

In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)
Name of Debtor Against Which Claim is Held LEHMAN BROTHERS HOLDINGS INC.	Case No. of Debtor 08-13555

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) PHILIP H. HAUGER 42 MARS STREET <i>new address</i> SAN FRANCISCO CA 94114 (510) 332-2634 Email Address: <i>phauger47c@comcast.net</i>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
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Name and address where payment should be sent (if different from above) SHAWNEE	Court Claim Number: _____ (If known)
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Telephone number: _____ Email Address: _____

THIS SPACE IS FOR COURT USE ONLY

Telephone number: _____	Filed on: _____
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<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ <u>29,812.50</u> <small>If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.</small> <small>If all or part of your claim is entitled to priority, complete Item 5.</small> <small>If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6.</small>	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
<input type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.* <input type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.*	Specify the priority of the claim:
<p>*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO http://www.lehman-claims.com AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on http://www.lehman-claims.com if claim is based on a Derivative Contract or Guarantee.</p>	
2. Basis for Claim: <u>MONEY LOANED</u> <small>(See instruction #2 on reverse side.)</small>	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: <u>B 206</u> <small>3a. Debtor may have scheduled account as: _____</small> <small>(See instruction #3a on reverse side.)</small>	<input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
4. Secured Claim (See instruction #4 on reverse side.) <small>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</small> <small>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</small>	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____.
Describe: _____	Amount entitled to priority: _____
Value of Property: \$ _____ Annual Interest Rate _____ % <small>Amount of arrearage and other charges as of time case filed included in secured claim, if any:</small> \$ _____ Basis for perfection: _____	\$ _____
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____ <small>(See instruction #6 on reverse side.)</small>	
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. <small>If the documents are not available, please explain:</small>	FOR COURT USE ONLY
Date: <u>8-12-09</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <i>Philip H Hauger</i>

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*This transaction is confirmed in accordance
with the explanations and conditions
stated on the reverse side.*

Your Account Number: 104-020312-0-108
Cash Account - Active Assets

Your Financial Advisor
SUSAN CONSEY

ONE KAISER PLAZA, SUITE 900
OAKLAND, CA 94612
(510) 839-8080

(510) 839-8080

PHILIP H HAUGER TTEE F/T PHILIP H
HAUGER REVOCABLE TRUST DTD 4/30/01
5821 AMY DRIVE
OAKLAND, CA 94618-2615

You Bought

Trade Date 09/07/07 for Settlement on 09/12/07

Fixed rate capital security